Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Information in the shaded areas 1. Generator's US EPA ID No. Manifest 2. Page 1 **UNIFORM HAZARDOUS** Document No. is not required by Federal ADO8.6.5.10005. **WASTE MANIFEST** of A State Manifest Document Number Generator's Name and Mailing Address Douglas Aircraft Co. 849241 70 190th & Normandie B.State Generator's ID Torrance, CA 90502 4. Generator's Phone (213-533-667) 5. Transporter 1 Company Name US EPA ID Number C.State Transporter's ID D.Transporter's Phone 213-268-3137 D 0 5. 8. 0.1.8 3 J. C. Liquid Watse Disposal Transporter 2 Company Name US EPA ID Number E.State Transporter's TD F.Transporter's Phone G.State Facility's ID 9. Designated Facility Name and Site Address 10. US EPA ID Number Triple J H.Facility's Phone 3650 E. 26th St. Vernon. CA 12.Containers Unit 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Waste No. No. Type Quantity Wt/Vol N Hazardous Waste Liquid NOS ORM-E 001 TT 05000 G 221 E b. 0 R C. d. Additional Descriptions for Materials Listed Above K.Handling Codes for Wastes Listed Above Bio-Degradable Coolant 10% Tramp 011 Water 88% 15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or ûnhale fumes. If load is rejected at Triple J deliver to 2nd alternate TSDF CASMALIA P.O. Box E NTU Road, Casmalia, CA CAD020748125 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Month Day Year Signature 1.1 2.6 X Donald C. Gerber 17. Transporter 1 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year C XODPIGUEZ 11/26/85 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Printed/Typed Name Signature Month Day Year

DHS 8022 A (11/84) (EPA 8700-22)

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YELLOW TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

WO# 55622 84 89641

C6-700-85 UCZ -0306
21721-55 Department of Health Services
Toxic Substances Control Division
Sacramento, California

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A	UNIFORM HAZARDOUS WASTE MANIFEST 1. Generator's US EPA ID No. C A D 0. 8. 6. 5. 1. 0. 0. 0. 5. Document No.			2. Page 1 Information in the shaded areas is not required by Federal law.				
	Generator's Name and Mailing Address Douglas Aircraft Co. 190th & Normandie B.State Manifest Document Number 84924179 B.State Generator's ID						t Number	
	Generator's Phone (213-533-6677 IOPPANCE, CA 90502 Transporter 1 Company Name 6. US EPA ID Number C.State Transporter's ID						SATE PO	
3				D.Transporter's Phone				
7	ransporter 2 Company Name 8. US EPA ID Number 1			E.State Transporter's TD 213-268-313/ F.Transporter's Phone				
9	Designated Facility Name and Site Address 10. US EPA ID Number riple J 650 E. 26th St. ernon, CA CATO 8: 0:0:8 3 6 8 :				G.State Facility's ID H.Facility's Phone			
	1. US DOT Description (Including Proper Shipping Name, Hazard Cla	ss, and ID Number)	12.Conta	Type	13. Total Quantity	14. Unit Wt/Vol	l. Waste No.	
E a N E R	Hazardous Waste Liquid NOS ORM-E NA9189		001	TŢ	05000	G	221	
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	J. Additional Descriptions for Materials Listed Above Bio-Degradable Coolant 10% Tramp 011 2% Water 88%							
15. Special Handling Instructions and Additional Information Guide #31 Use gloves, goggles, respirator - Do not go near open flame or inhale fumes. If load is rejected at Triple J deliver to 2nd alternate TSDF CASMALIA P.O. Box ENTU Road, Casmalia, CA CADO20748125							Box E	
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11-	Printed/Typed Name Signature				1		Date Month Day Yea	
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E R	1 Time of Type u Hame Olymanie			.			· · ·	
19. Discrepancy Indication Space								
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in								
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